



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
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**D350-591-133**  
**Job Sheet 182136**



Part No: D350-591-133

Job Qty: 5 ea

Part Name: AFT Maintenance Step, Fits LH or RH



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 8/17/18

Job Tracking No:

Due Date: 9/7/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG DSI9712 REV A, IIN-D350-591 REV H, D2946 REV B IPP Rev: B 05.10.14 Modified step 10 KJ/EC IPP Rev: C

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off       |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                |
| 90    | Start up Operation | 5 Ea  |            | 9/7/18   | 0.00      | 0.00    | Start Up Large Fab-4  |           | CPC            |
| 110   | Large Fab          | 5 pcs |            | 9/7/18   | 0.00      | 3.48    | Large Fab 8           |           | CPC DAS        |
| 120   | QC                 | 5 pcs |            | 9/7/18   | 0.00      | 0.00    | QC6                   |           | OCT 09 2018 68 |
| 130   | Large Fab          | 5 pcs |            | 9/7/18   | 0.00      | 3.48    | Large Fab 2           |           | CPC 9-89       |
| 140   | QC                 | 5 pcs |            | 9/7/18   | 0.00      | 0.00    | QC9                   |           | CPC            |
| 150   | QC                 | 5 pcs |            | 9/7/18   | 0.00      | 0.00    | QC5                   |           | CPC            |
| 160   | HandFinish         | 5 pcs |            | 9/7/18   | 0.00      | 0.76    | HandFinish1           |           | D.R 18/10/10   |
| 170   | QC                 | 5 pcs |            | 9/7/18   | 0.00      | 0.00    | QC7-2                 |           | CPC            |
| 180   | Large Fab          | 5 pcs |            | 9/7/18   | 0.00      | 3.48    | Large Fab 2           |           | CPC            |
| 190   | QC                 | 5 pcs |            | 9/7/18   | 0.00      | 0.00    | QC10                  |           | CPC            |
| 200   | QC                 | 5 pcs |            | 9/7/18   | 0.00      | 0.00    | QC5                   |           | CPC            |
| 210   | HandFinish         | 5 pcs |            | 9/7/18   | 0.00      | 0.76    | HandFinish1           |           | D.R 18/10/12   |
| 220   | Powdercoat         | 5 pcs |            | 9/7/18   | 0.00      | 0.52    | Powdercoat1           |           | BE 18-10-15    |
| 230   | HandFinish         | 5 pcs |            | 9/7/18   | 0.00      | 0.76    | HandFinish3           |           | AL 18-10-15    |
| 240   | QC                 | 5 pcs |            | 9/7/18   | 0.00      | 0.00    | QC3                   |           | OCT 17 2018 68 |
| 250   | Packaging          | 5 pcs |            | 9/7/18   | 0.00      | 0.00    | Packaging1-3          |           | OCT 19 2018 89 |
| 260   | QC                 | 5 pcs |            | 9/7/18   | 0.00      | 0.00    | QC4                   |           | OCT 22 2018    |
| 270   | Packaging          | 5 pcs |            | 9/7/18   | 0.00      | 0.00    | Packaging3-1          |           | OCT 22 2018    |
| 275   | DC                 | 5 pcs |            | 9/7/18   | 0.00      | 0.00    | DC                    |           | OCT 24 2018    |
| 280   | QC21-FG            | 5 Ea  |            | 9/7/18   | 0.00      | 0.00    | QC21                  |           | 9-89           |

Part Op 110 - 1-Cut D2622-120 extrusion to 62.06" long as per Dwg D2946

Descriptions: 130 - 1-Deburr and Bevel ends for welding Use DT8440 jig

180 - Remove alodine prior to welding. Weld end cap as per Dwg D2946. Grind end cap weld flush

220 - START TIME: 2:35 TEMP: 320 FINISH: 13:05

270 - Identify and pack for shipping as per PPPD350-591-133 Location: FG038

275 - Photocopy bluefile and type labels as per PPP D350-591-133 CHG004

### Job BOM

| Part / Item | Component Name      | Quantity     | Operation             | Container |
|-------------|---------------------|--------------|-----------------------|-----------|
| D2622-120C  | Step Extrusion      | 5            | 90-Start up Operation | 504007    |
| D2734       | Step End Plate      | 10 Ea (2 ea) | 130-Large Fab         | 5102822   |
| D2944       | Step Mounting Plate | 10 Ea (2 ea) | 130-Large Fab         | 5066650   |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Cross tube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                               |                                                 |                                   | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/>   | Water Jet <input type="checkbox"/>     | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/>    | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/>         | Thermoforming <input type="checkbox"/>      | Finishing <input type="checkbox"/>        | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>   | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/>           | Supplier <input type="checkbox"/>   |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |                                          |                                           |                                           |                                           |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |
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| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Small Fab <input type="checkbox"/>                                                                                                                                                 | Prod. 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| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <b>Root Cause</b><br><table style="width:100%;"> <tr><td>Environment <input type="checkbox"/></td><td>No Re-verification <input type="checkbox"/></td></tr> <tr><td>Design <input type="checkbox"/></td><td>Operator <input type="checkbox"/></td></tr> <tr><td>Doc/Data <input type="checkbox"/></td><td>Offset/Setup <input type="checkbox"/></td></tr> <tr><td>Equip/Tooling <input type="checkbox"/></td><td>Supplier <input type="checkbox"/></td></tr> <tr><td>Handling/Pre <input type="checkbox"/></td><td>Training <input type="checkbox"/></td></tr> <tr><td>Material <input type="checkbox"/></td><td>Use for Testing <input type="checkbox"/></td></tr> <tr><td>Internal Transport <input type="checkbox"/></td><td>Poor Information <input type="checkbox"/></td></tr> <tr><td>Tribal Knowledge <input type="checkbox"/></td><td>Rushing <input type="checkbox"/></td></tr> <tr><td>LOA <input type="checkbox"/></td><td>Product Improvement <input type="checkbox"/></td></tr> <tr><td>Substation <input type="checkbox"/></td><td>Process Improvement <input type="checkbox"/></td></tr> <tr><td>Past Expiry Date <input type="checkbox"/></td><td>Manufacturing Process <input type="checkbox"/></td></tr> <tr><td>Misidentified <input type="checkbox"/></td><td>Past Due <input type="checkbox"/></td></tr> </table> |                                                                                                                                                                                    | Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | No Re-verification <input type="checkbox"/>   | Design <input type="checkbox"/>                 | Operator <input type="checkbox"/> | Doc/Data <input type="checkbox"/>  | Offset/Setup <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/>    | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/>  | Material <input type="checkbox"/>          | Use for Testing <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/>    | Rushing <input type="checkbox"/> | LOA <input type="checkbox"/>       | Product Improvement <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> | <b>FAULT CATEGORY</b><br><table style="width:100%;"> <tr> <td>Pressure/Forced <input type="checkbox"/></td> <td>Temperature/Cure <input type="checkbox"/></td> <td>Power Loss/Surge <input type="checkbox"/></td> <td>Positioned Wrong <input type="checkbox"/></td> </tr> <tr> <td>Bending <input type="checkbox"/></td> <td>Set-up <input type="checkbox"/></td> <td>Folio/Program <input type="checkbox"/></td> <td>Outside Dimensions <input type="checkbox"/></td> </tr> <tr> <td>Centre Not Concentric <input type="checkbox"/></td> <td>BOM/Route <input type="checkbox"/></td> <td>Grain <input type="checkbox"/></td> <td>Over/Under tolerance <input type="checkbox"/></td> </tr> <tr> <td>Cracks <input type="checkbox"/></td> <td>Broken/Damage/Defect <input type="checkbox"/></td> <td>Weld <input type="checkbox"/></td> <td>Part Incorrect <input type="checkbox"/></td> </tr> <tr> <td>Crimp/Kink/Ripple/Wave <input type="checkbox"/></td> <td>Inspection Incomplete/Unqualified <input type="checkbox"/></td> <td>Wrong Stock Pulled <input type="checkbox"/></td> <td>Part Lost/Missing <input type="checkbox"/></td> </tr> <tr> <td>Cuffs <input type="checkbox"/></td> <td>Contamination <input type="checkbox"/></td> <td>Out of Sequence <input type="checkbox"/></td> <td>Part Moved <input type="checkbox"/></td> </tr> <tr> <td>Crushing <input type="checkbox"/></td> <td>Countersink <input type="checkbox"/></td> <td>Off-set <input type="checkbox"/></td> <td>Drawing <input type="checkbox"/></td> </tr> <tr> <td>Heat Treat <input type="checkbox"/></td> <td>Cut Too Short <input type="checkbox"/></td> <td>Mislabeled <input type="checkbox"/></td> <td>Finish <input type="checkbox"/></td> </tr> <tr> <td>Wave/Twist in Tube <input type="checkbox"/></td> <td>Instructions Incomplete/Unclear <input type="checkbox"/></td> <td>Fit/Function <input type="checkbox"/></td> <td>Misread <input type="checkbox"/></td> </tr> <tr> <td>Marks/Chatter <input type="checkbox"/></td> <td>Drill Holes <input type="checkbox"/></td> <td>Misaligned/off center <input type="checkbox"/></td> <td>Turning Sequence <input type="checkbox"/></td> </tr> </table> |  |  |  |  |  | Pressure/Forced <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Bending <input type="checkbox"/> | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | 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| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Inspection Incomplete/Unqualified <input type="checkbox"/>                                                                                                                         | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Part Lost/Missing <input type="checkbox"/>    |                                                 |                                   |                                    |                                       |                                        |                                      |                                       |                                    |                                            |                                          |                                             |                                           |                                              |                                  |                                    |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                          |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |
| Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Contamination <input type="checkbox"/>                                                                                                                                             | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Moved <input type="checkbox"/>           |                                                 |                                   |                                    |                                       |                                        |                                      |                                       |                                    |                                            |                                          |                                             |                                           |                                              |                                  |                                    |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                               |
| Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Countersink <input type="checkbox"/>                                                                                                                                               | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Drawing <input type="checkbox"/>              |                                                 |                                   |                                    |                                       |                                        |                                      |                                       |                                    |                                            |                                          |                                             |                                           |                                              |                                  |                                    |                                              |        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                               |
| Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Cut Too Short <input type="checkbox"/>                                                                                                                                             | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Finish <input type="checkbox"/>               |                                                 |                                   |                                    |                                       |                                        |                                      |                                       |                                    |                                            |                                          |                                             |                                           |                                              |                                  |                                    |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                               |
| Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Instructions Incomplete/Unclear <input type="checkbox"/>                                                                                                                           | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Misread <input type="checkbox"/>              |                                                 |                                   |                                    |                                       |                                        |                                      |                                       |                                    |                                            |                                          |                                             |                                           |                                              |                                  |                                    |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                               |
| Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Drill Holes <input type="checkbox"/>                                                                                                                                               | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Turning Sequence <input type="checkbox"/>     |                                                 |                                   |                                    |                                       |                                        |                                      |                                       |                                    |                                            |                                          |                                             |                                           |                                              |                                  |                                    |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                               |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                               |

|               |                     |               |               |
|---------------|---------------------|---------------|---------------|
| AN4-11A       | Bolt                | 20 Ea (4 ea)  | 250-Packaging |
| AN4-16A       | Bolt                | 40 Ea (8 ea)  | 250-Packaging |
| AN4-7A        | Bolt                | 10 Ea (2 ea)  | 250-Packaging |
| D2230-1       | Mounting Lug        | 20 Ea (4 ea)  | 250-Packaging |
| D2230-3       | Mounting Lug        | 20 Ea (4 ea)  | 250-Packaging |
| D2732-030     | Rubber Cushion - 3" | 20 Ea (4 ea)  | 250-Packaging |
| D2945         | Mounting Plate      | 5 Ea (1 ea)   | 250-Packaging |
| D3338-1       | Mounting Lug        | 5 Ea (1 ea)   | 250-Packaging |
| MS21042L4     | Nut                 | 70 Ea (14 ea) | 250-Packaging |
| NAS1149D0463J | Washer              | 70 Ea (14 ea) | 250-Packaging |

5114002  
 5094494  
 5053520  
 5115557  
 5110581  
 5112723  
 5078919  
 5094532  
 5094597  
 5092780

#### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | D2622-120C     | 3        | 0         | 0         |
| 130-Large Fab         | D2734          | 10       | 70        | 0         |
|                       | D2944          | 10       | 44        | 0         |
| 250-Packaging         | AN4-11A        | 20       | 284       | 0         |
|                       | AN4-16A        | 40       | 670       | 0         |
|                       | AN4-7A         | 10       | 76        | 0         |
|                       | D2230-1        | 20       | 107       | 0         |
|                       | D2230-3        | 20       | 7         | 0         |
|                       | D2732-030      | 20       | 235       | 0         |
|                       | D2945          | 5        | 39        | 0         |
|                       | D3338-1        | 5        | 26        | 0         |
|                       | MS21042L4      | 70       | 5,696     | 0         |
|                       | NAS1149D0463J  | 70       | 9,729     | 0         |

#### Part Specifications

Specifications could not be found.

Plex 8/17/18 1:53 PM Dart.lajeunesse.marie



Dart Aerospace Ltd.  
 1270 Aberdeen Street  
 Hawkesbury, ON K64 1K7  
 CANADA  
 TEL.: 1 613 632-5200  
 Email: sales@dartaero.com  
 www.dartaerospace.com

Container No: S116802



Part: D350-591-133

Job No: 182136

Serial No/Batch: S116802

Revision:

Inspector:

Exp Date:

Instructions: TC STC SH92-6 Issue 11, FAA STC SH967NE 04/12/21, BRAZIL 1

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
|--------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|---------------------------------------------|-----------------------------------|---------------------------------------|------------------------------------------------|------------------------------------|--------------------------------|-----------------------------------------------|----------------------------------------|-----------------------------------|---------------------------------|-----------------------------------------------|-------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------|-------------------------------------------------|------------------------------------------------------------|---------------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------------|--------------------------------|----------------------------------------|------------------------------------------|-------------------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------------|----------------------------------|-------------------------------------|----------------------------------------|-------------------------------------|---------------------------------|------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------------|---------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 | MRB (QSI042) Approval             |                                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By<br><br><br>Lead hand / Supervisor Approval Verification<br><br><br>QC / QA Coordinator Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                             | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |



## Change Record

PAGE 1 OF 1

Part Number: D350-591-133

Description: AFT MAINTENANCE STEP (FITS LH or RH)

[illegible]

## 5.0 PARTS LIST

| Qty<br>-117A | Qty<br>-119 | Qty<br>-133 | Part Number   | Description                                     |
|--------------|-------------|-------------|---------------|-------------------------------------------------|
| X            |             |             | D350-591-117A | <i>Heli-Access-Step</i> ™, Pre-Flight Step      |
|              | X           |             | D350-591-119  | <i>Heli-Access-Step</i> ™, Long Step – Low Skid |
|              |             | X           | D350-591-133  | <i>Heli-Access-Step</i> ™, Aft Maintenance Step |
|              | 1           |             | D2355         | STEP ASSEMBLY (LOW-LONG)                        |
|              |             | 1           | D2946-041     | STEP ASSEMBLY (MAINTENANCE)                     |
| 2            | 2           |             | D2171         | CLAMP                                           |
| 2            | 2           |             | D2182B035     | CUSHION                                         |
|              |             | 4           | D2230-1       | MOUNTING LUG                                    |
|              |             | 4           | D2230-3       | MOUNTING LUG                                    |
| 4            | 4           |             | D2274         | RADIUS BLOCK                                    |
| 1            |             |             | D2362-041     | SUPPORT BRACKET                                 |
|              | 1           |             | D2362-3       | SUPPORT BRACKET                                 |
|              |             | 1           | D2945         | MOUNTING PLATE                                  |
| 1            | 1           |             | D3595-200-300 | CUSHION                                         |
|              |             | 8           | D2732-030     | CUSHION                                         |
|              | 2           |             | AN3-37A       | BOLT                                            |
|              |             | 2           | AN4-7A        | BOLT                                            |
|              |             | 4           | AN4-11A       | BOLT                                            |
|              |             | 8           | AN4-16A       | BOLT                                            |
|              | 4           |             | AN4-21A       | BOLT                                            |
| 4            | 1           |             | AN4-22A       | BOLT                                            |
|              | 4           |             | NAS1149D0363J | WASHER (AN960JD10)                              |
| 4            | 6           | 14          | NAS1149D0463J | WASHER (AN960JD416)                             |
|              | 2           |             | MS21042L3     | NUT                                             |
| 4            | 5           | 14          | MS21042L4     | NUT                                             |

| Qty<br>-121 | Qty<br>-122 | Qty<br>-123 | Qty<br>-124 | Part Number   | Description                                           |
|-------------|-------------|-------------|-------------|---------------|-------------------------------------------------------|
| X           |             |             |             | D350-591-121  | <i>Heli-Access-Step</i> ™, Short Step – High Skid, LH |
|             | X           |             |             | D350-591-122  | <i>Heli-Access-Step</i> ™, Short Step – High Skid, RH |
|             |             | X           |             | D350-591-123  | <i>Heli-Access-Step</i> ™, Short Step – Low Skid, LH  |
|             |             |             | X           | D350-591-124  | <i>Heli-Access-Step</i> ™, Short Step – Low Skid, RH  |
| 1           |             |             |             | D2351-041     | STEP ASSEMBLY (HIGH-SHORT, LH)                        |
|             | 1           |             |             | D2351-042     | STEP ASSEMBLY (HIGH-SHORT, RH)                        |
|             |             | 1           |             | D2356-041     | STEP ASSEMBLY (LOW-SHORT, LH)                         |
|             |             |             | 1           | D2356-042     | STEP ASSEMBLY (LOW-SHORT, RH)                         |
| 1           | 1           | 1           | 1           | D2230-1       | MOUNTING LUG                                          |
| 1           | 1           | 1           | 1           | D2230-3       | MOUNTING LUG                                          |
| 2           | 2           | 2           | 2           | D2732-030     | CUSHION                                               |
| 2           | 2           | 2           | 2           | AN3-37A       | BOLT                                                  |
| 1           | 1           | 1           | 1           | AN4-13A       | BOLT                                                  |
| 2           | 2           | 2           | 2           | AN4-16A       | BOLT                                                  |
| 4           | 4           | 4           | 4           | NAS1149D0363J | WASHER (AN960JD10)                                    |
| 6           | 6           | 6           | 6           | NAS1149D0463J | WASHER (AN960JD416)                                   |
| 2           | 2           | 2           | 2           | MS21042L3     | NUT                                                   |
| 3           | 3           | 3           | 3           | MS21042L4     | NUT                                                   |

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